

District (if applicable)

[illegible]

PAGE 1 OF 1

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page)<br>NRS 294A.365 | DATE OF EACH<br>EXPENSE | AMOUNT OF<br>EACH EXPENSE |
|---|---|-------------------------|---------------------------|
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Name (print)

Office (if applicable)

District (if applicable)

## Expenses of \$100 or Less

| DATE<br>OF EACH<br>EXPENSE | AMOUNT<br>OF EACH<br>EXPENSE | CATEGORY |
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District (if applicable)

### Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

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Name (print)

Office (if applicable)

District (if applicable)

## IN KIND

### Contributions of \$100 or Less

| DATE<br>OF EACH<br>IN-KIND<br>CONTRIBUTION | DESCRIPTION OF<br>IN-KIND<br>CONTRIBUTION | VALUE OR COST<br>OF EACH<br>IN-KIND<br>CONTRIBUTION |
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Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**
**Expenses in Excess of \$100**

| NAME AND ADDRESS OF<br>PERSON GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICES | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | DATE OF<br>EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE |
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Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses of \$100 or Less**

| DATE<br>OF EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE |
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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362